

Central Registry Guidance

Nebraska APS Standards for Consistency in Determining Findings 2014

Step One – Does the Alleged Victim meet the Definition of a Vulnerable Adult?

Step Two – Does the evidence support the allegation occurred?

Statutory Reference	Essential Defining Elements	Evidence or Supporting documentation	Issues to Consider
28-371. Vulnerable adult, defined. Vulnerable adult shall mean any person eighteen years of age or older who has a substantial mental or functional impairment or for whom a <u>guardian has been appointed under the Nebraska Probate Code.</u>	Age Substantial Impairments And Impact on self-care Impact on independent living	Copies of Guardianship and/or Conservatorship court documents.	Substantial means “to a large degree” “considerable in quantity or significance”.
28-369. Substantial mental impairment, defined. Substantial mental impairment shall mean a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, or ability to live independently or provide self-care as revealed by observation, diagnosis, investigation, or evaluation.	Condition See: live independently Grossly impaired judgment See: self-care	Doctor’s Statements: Is the client cognitively impaired? Does the client require assistance with ADLs? Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client’s capacity? Is the client depressed, anxious,	A disorder of thought, mood, perception, orientation, or memory includes a recognized mental health diagnosis such as Schizophrenia and other psychotic disorders, Major Depression, Obsessive Compulsive Disorder, Dementia, and Alzheimer’s disease. Cognitively impaired – A person with a brain disorder whose thinking abilities are impaired. Some examples of individuals who are cognitively impaired include individuals with traumatic brain injury,

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		<p>or fearful?</p> <p>Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</p> <p>Worker observations</p> <p>Does the client have an intellectual disability?</p> <p>Is the client able to manage his/her finances?</p> <p><u>Screening tools:</u></p> <p>MoCA</p> <p>Capacity Screening Checklist</p> <p>Short Michigan alcohol use screening and assessment Geriatric</p> <p>Health, Attitudes toward aging, living arrangements, and finances assessment (HALF)</p> <p>Geriatric Depression Screen</p>	<p>Alzheimer's disease, and dementia.</p> <p>Substantial disorders are those evidenced by active symptoms such as delusions, hallucinations, disorganized speech, and catatonic behavior.</p> <p>Grossly impaired judgment means a considerable inability to perceive reality, to assess situations and draw conclusions, to form an opinion, the presence of hallucinations and/or delusions, and an inability to make sound decisions.</p> <p>Grossly impaired behavior means a considerable inability to communicate, ambulate, to complete personal hygiene, to access food, clothing, and care and/or is in need of a high level of supervision to prevent harm to self or others.</p> <p>If a person can direct the provision of self-care or obtain necessary services, the person may not be substantially mentally impaired.</p>

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		Safety Assessment Scale SLUMS	
<p>28-368. Substantial functional impairment, defined.</p> <p>Substantial functional impairment shall mean a substantial incapability, because of physical limitations, of living independently or providing self-care as determined through observation, diagnosis, investigation, or evaluation.</p>	<p>Physical limitation</p> <p>See: Ability to live independently</p> <p>See: Ability to provide self-care</p>	<p>Doctor's statements</p> <p>Worker observations</p> <p>Self-report statements</p> <p>Alleged perpetrator descriptions</p> <p>Does the client use an assistive device for mobility?</p> <p>Does the client require assistance with ADLs?</p> <p>Does the client have mobility problems and physical ailments that make him/her more dependent on others?</p> <p>Is the client able to manage his/her finances?</p>	<p>Physical limitation: Ability is prohibited or significantly restricted.</p> <p><u>Hearing impaired</u> – A person who is deaf or has impaired hearing</p> <p><u>Mobility impaired</u> – A person who requires supervision of or assistance with mobility, who uses a wheelchair or is bedbound, or while still independently mobile, demonstrates an unsteady gait or difficulty in walking.</p> <p><u>Physically disabled</u> – A person who has a condition that substantially impairs one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.</p> <p><u>Speech disabled</u> – A person who has a condition that substantially impairs his or her ability to speak.</p> <p><u>Visually impaired</u> – A person who is blind or has impaired vision.</p> <p>If a person can direct the provision of self-care or obtain necessary services, the person may not be substantially functionally impaired.</p>
<p>28-366. Self-care, defined.</p> <p>Self-care shall include, but not be limited to, personal hygiene, eating, and</p>		Results of Activities of Daily Living screen.	Grossly impaired ability to provide self-care means an inability to attend to one's own personal hygiene without care providers, to access food and clothing, to

ADULT PROTECTIVE SERVICES

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<p>dressing.</p>			<p>obtain and maintain needed medical services, support services, transportation services.</p> <p>Activities of daily living (ADL) means those activities needed for self-care, such as dressing, bathing, toileting, mobility, eating, and continence. The investigator will assess the ADLS to determine ability to live independently.</p>
<p>28-361. Living independently, defined. Living independently shall include, but not be limited to, using the telephone, shopping, preparing food, housekeeping, and administering medications.</p>		<p>Results of Instrumental Activities of Daily Living screening</p> <p>Doctor's Statement</p> <p>Alleged victim Statements</p> <p>Alleged Perpetrator Statements</p> <p>Worker's Observation</p>	<p>Living independently shall include, but not be limited to, using the telephone, shopping, preparing food, housekeeping, and administering medications. 28-361</p> <p>Instrumental Activities of Daily Living (IADL) means those activities needed to support independent living, such as housekeeping, food preparation, use of the telephone, doing laundry, using public transportation, taking medicine, handling finances, shopping mobility, and home maintenance. The investigator will assess ADLS to assist in determining ability to live independently.</p>
<p>28-351. Abuse, defined. Abuse means any knowing or intentional act on the part of a caregiver or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual</p>	<p>See subcategories of Abuse</p>		<p>See subcategories of Abuse</p>

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abuse, or sexual exploitation of a vulnerable adult.			
<p>Physical injury and cruel punishment are essentially the same, the only difference is cruel punishment has an element of intent.</p> <p>28-363. Physical injury, defined. Physical injury shall mean damage to bodily tissue caused by nontherapeutic conduct, including, but not limited to, fractures, bruises, lacerations, internal injuries, or dislocations, and shall include, but not be limited to, physical pain, illness, or impairment of physical function.</p> <p>28-354. Cruel punishment, defined. Cruel punishment shall mean punishment which intentionally causes physical injury to a vulnerable adult.</p>	<p>Physical Abuse or Cruel Punishment: In order to substantiate an allegation of physical abuse or cruel punishment, the CFS Specialist will determine and document the following facts of the case: The alleged victim is a <u>vulnerable adult</u>; The vulnerable adult has a <u>physical injury</u>; and The physical injury was not accidental or occurred due to the <u>knowing or intentional act</u> on the part of a caregiver or any other person. This element is met if the person intended to do the act and is not dependent on if the person intended the consequences.</p> <p>Determine if the Act</p>	<p>Photographs</p> <p>Doctor's Statement</p> <p>Workers observation</p> <p>Witness statement – 1st Hand knowledge</p> <p>Alleged victim Statement</p> <p>Alleged Perpetrator Statement</p> <p>Photographs of welts, lacerations, and rope marks, open wounds, cuts, punctures, untreated injuries in various stages of healing.</p> <p>Laboratory findings of either an overdose or under dose medications</p> <p>Victim's statement of being hit, slapped, kicked, or mistreated.</p> <p>Worker observations of broken eyeglasses/frames, or any physical signs of being punished or restrained.</p>	<p>Interview the alleged perpetrator and determine what they were thinking at the time, feeling?, and what they thought they were doing, intended to do.</p> <p>Examples include, but are not limited to: _What are the indications, if any, that the client is being or has been hit, beaten, pushed, shaken, slapped or kicked, struck with or without an object?</p> <p>Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional? Bruises from abuse can be anywhere on the body but the following types of bruises are more likely to be from abuse than accidental:</p> <p>Bruises on the: head, i.e., face, ears, and neck arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm) genitalia, soles of the feet posterior torso (including chest, upper and lower back, and buttocks)</p>

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	<p>was intentional, not if the results of the act were intentional.</p> <p>Examples: Intended to push someone to a seated position.</p> <p>Intended to lock the room.</p>	<p>Police reports of arresting the alleged perpetrator.</p> <p>Doctor's Statements describing sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone) bruises, and black eyes.</p> <p>Worker observations and photographs of burns from such things as: cigarettes, appliances, or hot water</p> <p>Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint</p> <p>Medical assessment and lab work including medical opinion on the results</p> <p>Signs of malnutrition or dehydration without illness-related cause</p>	<p>Injuries in various stages of healing including multicolored bruises</p> <p>Are there power and control issues in the relationship between the suspected abuser and the client?</p> <p>Signs of traumatic hair and tooth loss</p> <p>Are the client and suspected abuser known to APS because of prior reports?</p> <p>Is law enforcement investigating this as a crime, e.g. assault, battery?</p> <p>Was the person force-fed resulting in injury?</p> <p>Was the person deprived of food or water for a prolonged period of time for the purpose of punishment?</p> <p>Is the injury the result of a normal part of aging or disease process?</p> <p>Is the client taking any medication that would make him/her bruise easily, such as, prednisone, warfarin, plavix?</p> <p>If the client is bruised, does he/she remember how he/she got the bruise(s)?</p> <p>Are the suspected abuser's and the</p>

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			<p>client's explanations about how the injury occurred consistent with one another?</p> <p>Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation?</p> <p>Larger bruise(s) accidental; bruises tend to be smaller than deliberate ones.</p> <p>Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained)</p> <p>History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries</p> <p><u>Suspected Abuser Considerations</u> What access does the suspected abuser have to the client/does the suspected abuser live with the client?</p> <p>Is the suspected abuser dependent, financially or otherwise, on the client?</p> <p>Does the suspected abuser have a substance or mental health problem?</p> <p>Does the suspected abuser have a criminal record?</p>

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			<p>Does the suspected abuser understand the doctor's instructions regarding the administration of medications, and/or use of restraints?</p> <p>Does the caregiver refuse to allow visitors to see a vulnerable adult alone?</p>
28-353. Caregiver, defined. Caregiver shall mean any person or entity which has assumed the responsibility for the care of a vulnerable adult voluntarily, by express or implied contract, or by order of a court of competent jurisdiction.		<p>Alleged perpetrator admits to caregiving duties.</p> <p>Find documents that show the staff person was trained on the case plan; the person knew the procedure to be used and didn't follow it.</p> <p>Alleged Victim describes the caregiver's duties. Service plan agreements</p> <p>Court orders of guardianship</p>	<p>Does the alleged perpetrator reside with the vulnerable adult?</p> <p>Are they dependent on the vulnerable adult for finances, place to live, etc?</p> <p>Do they describe caregiving responsibilities?</p> <p>Are they present at medical appointments of the vulnerable adult? Is the vulnerable adult dependent on the alleged perpetrator for care?</p> <p>Caregivers to vulnerable adults should also be asked the following types of questions: "What does X need help with every day?" "How do you and X handle disagreements?" "What expectations does X have of you?" "Is caring for X different than you thought it would be?" "Have you ever felt out of control when caring for X? What did you do?" "What do you do or who do you tell when you are feeling stressed?"</p>

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			<p>"Now that you are caring for X, have your feelings become negative?"</p> <p>"Is X physically or verbally abusive toward you?"</p> <p>"Are you overwhelmed, confused, fearful, or angry as a result of being a caregiver?"</p> <p>"Are problems from your family's past resurfacing?"</p> <p>"Are you neglecting your own health?"</p> <p>"I am worried about the bruises on X, do you know how X got them?"</p> <p>"Is there a reason for waiting this long to seek medical care for X?"</p> <p>The caregiver should also be given questions such as:</p> <p>"Some people find it difficult to care for a parent 's condition. Do you?"</p> <p>"Are you able to meet your personal and family needs?"</p> <p>"Sometimes providing care for a family member is challenging. Do you ever feel like you will lose control?"</p>
<p>Abuse 28-370. Unreasonable confinement, defined. Unreasonable confinement means confinement which intentionally causes physical injury to a vulnerable adult or false imprisonment as described in section 28-314 or 28-315.</p>	<p>Unreasonable Confinement: In order to substantiate an allegation of unreasonable confinement, the CFS Specialist will determine and document the following:</p> <p>The alleged victim is a vulnerable adult; and</p>	<p>Photographs of injury</p> <p>Doctor's description of the injury and opinion of cause of injury.</p> <p>Alleged victim statements</p> <p>Alleged perpetrator statement</p> <p>Witness statement</p>	<p>Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness</p> <p>Are the client and suspected abuser known to APS because of prior reports?</p> <p>Restricting a client's personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats?</p>

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	<p>The alleged victim was unreasonably confined to the extent that <u>there was a physical injury</u>; or</p> <p>There is evidence of <u>false imprisonment</u>.— NE Rev. Stat. §28-314 and 28-315</p> <p>Knowingly restrain or abduct a person and Either terrorizing circumstance "I was afraid" "I was afraid for what would happen to Me." or circumstance that exposes someone to risk of serious physical injury or involuntary servitude.</p>	<p>Diagram of the room and house indicating the locked space or confining area.</p> <p>Photographs of items used to confine such as rope, belt, or sheets.</p>	
<p>Abuse 28-367. Sexual abuse, defined.</p> <p>Sexual abuse shall include sexual assault as described in section 28-319 or 28-320 and incest as described in section 28-703.</p>	<p>Sexual Abuse: In order to substantiate an allegation of sexual abuse, the CFS specialist will determine and document the following:</p> <p>The alleged victim is a <u>vulnerable adult</u>;</p> <p>There was <u>no consent</u> to the sexual act given by the vulnerable</p>	<p>Worker Observations;</p> <p>Difficulty walking or sitting</p> <p>Bilateral bruising of the inner thighs (indicating sexual abuse)</p> <p>Photographs of any injuries.</p> <p>Victim Statements that describe full or partial disclosure, or hints, of sexual abuse or descriptions of genital or anal pain itching or bruising in genital areas, thighs and upper arms; irritation or</p>	<p>What are the indications, if any, that the client is being or has been:</p> <p>Touched in an unwanted fashion?</p> <p>Raped, sodomized, or forced to take off his/her clothes?</p> <p>Pressured/forced to have unwanted Sexual relations with a spouse, partner, significant other or anyone else?</p> <p>Are there power and control issues in the relationship between the suspected abuser and the client?</p> <p>Pregnancy in an individual who lacks the</p>

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Abuse- Sexual Abuse (cont.)	<p>adult/victim or the <u>alleged perpetrator knew or should have</u> known that the alleged vulnerable adult/victim was mentally or physically incapable of resisting or appraising the nature of his or her conduct;</p> <p>The sexual abuse occurred due to the <u>knowing, intentional act</u> on the part of a caregiver or any other person; and</p> <p>A <u>description of the type of sexual</u> abuse such as fondling, inappropriate contact, or intercourse will be documented. (See Neb. Rev. Stat. Sections 28-317 to 28-321 and 28-703.)</p>	<p>bleeding</p> <p>Medical assessment and lab work, including a medical opinion support the report of sexual assault; sexually transmitted diseases, unusual urinary tract or vaginal infections</p> <p>Witness observations and statements. Pictures of: torn, stained or bloodied underclothing or bedding.</p> <p>Witness statements: changes in sexual behavior/attitude, inappropriate sexualized behaviors or changes in personal hygiene – wetting, soiling, reluctance to undress, new obsession with washing themselves</p>	<p>capacity to consent to sexual activity</p> <p>Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?</p> <p>Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed</p> <p><u>Client Considerations</u> Is the client able to consent to sexual activity? If so, did the client consent?</p> <p>Was the client coerced or pressured into the sexual act?</p> <p>Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</p> <p><u>Suspected Abuser Considerations</u> What access does the suspected abuser have to the client/does the suspected abuser live with the client?</p> <p>Is the suspected abuser dependent, financially or otherwise, on the client?</p> <p>Does the suspected abuser have a substance or mental health problem?</p> <p>Does the suspected abuser have a criminal record, specifically has the suspected</p>

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			abuser been arrested for any sexual crimes or for a transgression of a sexual nature?
28-367.01. Sexual exploitation, defined. Sexual exploitation includes, but is not limited to, unlawful intrusion as described in section 28-311.08 and causing, allowing, permitting, inflicting, or encouraging a vulnerable adult to engage in voyeurism, in exhibitionism, in prostitution, or in the lewd, obscene, or pornographic photographing, filming, or depiction of the vulnerable adult	Sexual Exploitation: In order to substantiate an allegation of sexual exploitation, the CFS specialist will determine and document the following: The alleged victim is a <u>vulnerable adult</u> ; and <u>There is evidence of unlawful intrusion</u> ; NE Rev. Stat. §28-311. knowingly intrude upon any other person without his or her consent or knowledge in a place of solitude or seclusion. Intrude means either the: (i) Viewing of another person in a state of undress as it is occurring; or (ii) Recording by video, photographic, digital, or other electronic means of	Reports from reliable sources that a vulnerable adult has been seen or noticed in places where soliciting occurs. Victim Statements describing the development of a relationship with someone who encourages emotional dependence and controls the relationship by violence and threats. Witness statement describing acquisition of money, possessions or accounts of social activity with no plausible explanation.	Was the client photographed in a sexually explicit way? Was the client forced to look at pornography or using a vulnerable adult to engage in any explicit sexual conduct? Physical symptoms such as sexually transmitted diseases, or bruising consistent with physical or sexual assault. An adult loitering outside the home to meet up with the vulnerable adult. Being contacted by unknown adult men outside the adult's usual range of social acquaintances. Having keys to unknown premises. Self-harming behavior. Substance, drug and alcohol abuse

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	<p>another person in a state of undress; and Place of solitude or seclusion means a place where a person would intend to be in a state of undress and have a reasonable expectation of privacy, including, but not limited to, any facility, public or private, used as a restroom, tanning booth, locker room, shower room, fitting room, or dressing room.</p> <p>or</p> <p><u>A description of one of the following types of</u> exploitation allowing, encouraging, or forcing a vulnerable adult to solicit for or engage in prostitution, debauchery, public indecency, or pornographic photography, films, or depictions will be documented.</p>		

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28-361.01. Neglect, defined. Neglect means any knowing or intentional act or omission on the part of a caregiver to provide essential services or the failure of a vulnerable adult, due to physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death.	<p>Neglect - Perpetrated</p> <p>In order to substantiate an allegation of neglect, the CFS Specialist will identify and document the following:</p> <p>The alleged victim is a <u>vulnerable adult</u></p> <p>The neglect occurred due to the <u>knowing or intentional act or omission</u> on the part of a caregiver.</p> <p>The CFS Specialist will determine if the alleged perpetrator was in the role of the <u>caregiver</u> and had a duty to provide care or not.</p> <p>A description of the <u>essential service</u> that was neglected; and</p> <p>There is <u>physical injury</u> to a vulnerable adult <u>or imminent danger of the</u> vulnerable adult suffering physical injury or death.</p>	<p>Identify the caregiver and the reason the person meets the definition of a caregiver.</p> <p>Alleged perpetrator statement.</p> <p>Alleged victim statement</p> <p>The documentation should show that the caregiver knew the care to be given and neglected to do so.</p> <p>Doctor's statement To describe the necessary service and the consequences of not receiving the service.</p> <p>Alleged perpetrator admitted to the duties of a caregiver.</p> <p>Service Plan agreements Time sheets</p> <p>Photographs of the alleged victim before and after that may show the level of dehydration or malnutrition.</p> <p>Photographs of untreated bed sores and poor personal hygiene unattended or untreated health problems</p>	<p>Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)?</p> <p>What is the level of stress in the in the household due to financial, family, marital, or health problems?</p> <p>Are the client and suspected abuser known to APS because of prior reports?</p> <p>Is law enforcement investigating this as a crime?</p> <p><u>Suspected Abuser Considerations</u> Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication to the degree of physical injury or imminent danger of physical injury or death?</p> <p>Did the suspected abuser neglect the client resulting in physical injury or imminent danger of physical injury or death?</p> <p>Does the suspected abuser have a drug/ alcohol or mental health problem that impairs his/her ability to make sound decisions for him and/or for the client?</p> <p>Is the suspected abuser attorney in fact for the client due to a Durable Power of Attorney?</p>

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		<p>Photographs of hazardous or unsafe living condition (e.g., improper wiring, no heat or running water), unsanitary and unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)</p> <p>An individual's report of being mistreated.</p> <p>Workers or witness statement describing unsuitable clothing or covering for the weather unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards).</p> <p>Perpetrator Statements of failure to give prescribed medications or giving too much of the medication or failure to follow a plan of care when doing so could result in physical injury to the vulnerable adult.</p> <p>Screening tool Assessing Nutrition in older adults</p>	<p>Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would resulting in physical injury or imminent danger of physical injury or death?</p> <p>What access does the suspected abuser have to the client/does the suspected abuser live with the client?</p> <p>Is the suspected abuser dependent, financially or otherwise, on the client?</p> <p>Does the suspected abuser have a criminal record? failure to provide adequate food and nutrition failure to seek medical treatment for injuries or illnesses</p>

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28-357. Essential services, defined. Essential services shall mean those services necessary to safeguard the person or property of a vulnerable adult. Such services shall include, but not be limited to, sufficient and appropriate food and clothing, temperate and sanitary shelter, treatment for physical needs, and proper supervision.			
28-364. Proper supervision, defined. Proper supervision shall mean care and control of a vulnerable adult which a reasonable and prudent person would exercise under similar facts and circumstances.		Alleged Perpetrator admits to knowledge of the need for supervision and agreeing to provide. Doctor's statements of recommendations.	What does the medical professional recommend? Did the caregiver hear and understand the recommendations? Did the caregiver complete the tasks?
28-358. Exploitation, defined. Exploitation means the taking of property of a vulnerable adult by any person by means of undue influence, breach of a fiduciary relationship, deception, or extortion or by any unlawful means.	In order to substantiate an allegation of exploitation, the CFS Specialist will determine and document the following: The alleged victim is a <u>vulnerable adult</u> There is evidence of	Collect the documents of unpaid bills, eviction notices or notices to discontinue utilities Obtain Bank account information. Review the account information with the alleged victim. Alleged Victim statements about withdrawals from bank accounts or transfers between accounts that the	What are the indications, if any, that the client is being or has been financially exploited by someone, e.g. Cashing a client's check or using/misusing a client's debit card without authorization or permission Forging the client's signature Misusing or stealing the client's money or possessions

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Exploitation (Cont.)	<p>an <u>identified method</u> such as undue influence, coercion, deception, extortion, or breach of fiduciary relationship, or other unlawful method.</p> <p>If there is a <u>breach of fiduciary duty</u>, the CFS Specialist will identify the duties of the fiduciary such as to protect and preserve the assets and belongings of the vulnerable adult. Describe the breach of the duty such as investing in risky stocks, buying expensive clothing, buying this for self. They must document what <u>property was taken</u>.</p> <p>It is not necessary to prove that the vulnerable adult was harmed or that basic needs were not met. The taking of property was completed</p>	<p>client cannot explain or the explanation suggests coercion or manipulation.</p> <p>Victim Statements describing any sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money; Reason for adding additional names on bank signature cards; description of withdrawal of funds using an ATM card.</p> <p>Victim Statement about their decisions to make changes in a will or other financial documents and disappearance of funds or valuable possessions</p> <p>Documentary evidence – copies of forged signature on financial transactions or for the titles of possessions</p> <p>Alleged perpetrator statements about their financial means, description of the transaction, and knowledge of the impact of the financial transaction.</p> <p>Alleged perpetrator statements admitting taking the money.</p>	<p>Taking the client's funds or property by using undue influence</p> <p>Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will.</p> <p>Improperly executing the duties of conservatorship, guardianship, or powers of attorney</p> <p>Scams such as ID theft, telemarketing/ lottery/investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors.</p> <p>Who is making the financial decisions and are the decisions being made in the client's best interest?</p> <p>Bills unpaid despite the money being available to pay them</p> <p><u>Client Considerations</u> Have there been any changes in the client's contact with his/her social network?</p> <p>Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</p>

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Exploitation (Cont.)	<u>without informed consent</u> of the vulnerable adult. The CFS Specialist will document the circumstances of informed consent.	Evidence that the person had a fiduciary relationship. Specific transactions that are questionable are identified. The CFS worker interview the victim and perpetrator to obtain their explanation.	What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client? Are the client's needs being adequately met— medical, environmental, etc Sudden appearance of previously uninvolved relatives claiming rights to a vulnerable adult's possessions Was the client pressured to make a decision quickly? unexplained sudden transfer of assets to a family member or someone outside the family
Exploitation (Cont.)			<u>Suspected Abuser Considerations</u> Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as: attempting to make the client emotionally dependent attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances creating an "us against them" mentality fostering powerlessness & vulnerability. Is the suspected abuser trying to control the client's through deceit, coercion, force, or

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Exploitation (Cont.)			<p>threats?</p> <p>Does the suspected abuser have a criminal record?</p> <p>Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications?</p> <p>Is the suspected abuser targeting vulnerabilities (e.g., takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)?</p> <p>Is the suspected abuser dependent, financially or otherwise, on the client?</p> <p>Does the suspected abuser have a substance or mental health problem?</p> <p>Does the suspected abuser resist or try to interfere with the client being interviewed alone?</p> <p>What access does the suspected abuser have to the client/does the suspected abuser live with the client?</p> <p>What was the suspected abuser's financial history before becoming actively involved with the client?</p>

Statutory Reference	Essential Defining Elements	Evidence or Supporting documentation	Issues to Consider
			<p>Does the suspected abuser have a substance or mental health problem?</p> <p>Are there any indicators of undue influence such as: Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness & vulnerability?</p> <p>Is the suspected abuser attempting to make the client emotionally dependent? Is the suspected abuser trying to isolate the client?</p> <p>Is the suspected abuser attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances?</p> <p>Is the suspected abuser creating an "us against them" mentality?</p> <p>Is the suspected abuser exploiting his/her emotional relationship with client?</p> <p>Is the client susceptible to threats of abandonment?</p>
28-361.01. Neglect, defined. (Self-Neglect) Neglect means any knowing or intentional act or omission on the part of a caregiver to provide essential services	Self-neglect In order to confirm the presence of Self-Neglect, the CFS Specialist will identify and document the	Alleged victim admits to being unable/fails/refuses to protect his/her money from scams or others Workers Observations and	<p><u>Client Considerations</u> Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, etc)?</p>

Statutory Reference	Essential Defining Elements	Evidence or Supporting documentation	Issues to Consider
<p>or the failure of a vulnerable adult, due to physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death.</p> <p>Self-neglect (Cont.)</p>	<p>following factors: The alleged victim is a <u>vulnerable adult</u>; The vulnerable adult, due to <u>physical and/or mental impairments</u> or <u>diminished capacity</u>, is unable to perform essential <u>self-care tasks or obtain essential services</u>; and; There is <u>physical injury</u> to a vulnerable adult <u>or imminent danger of the</u> vulnerable adult suffering physical injury or death.</p>	<p>Doctor's statements - dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene</p> <p>Workers observations, witness statements, alleged victim statements. inappropriate and/or inadequate clothing, lack of the necessary medical aids</p> <p>Doctor's statement of inadequate medical care, not taking prescribed medications properly, and the consequences of such.</p> <p>Worker observations and witness statements.</p> <p>Photographs of long, dirty, and unkempt finger and toe nails.</p> <p>Documentary evidence – copies of utility bills. Utilities are shut off or at risk of being shut off and the weather conditions;</p> <p>Photographs, witness statements, worker observations of hazardous or unsanitary or unclean living quarters (e.g., animal/insect infestation, no</p>	<p>Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment?</p> <p>What are the indications, if any, that the client's self-care is or has been inadequate, for example: Not obtaining essential food, clothing, shelter, and medical care or Not maintaining physical health, mental health, financial health, or general safety?</p> <p>Is the client's failure to perform essential self-care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?</p> <p>Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services?</p> <p>Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency.</p> <p>Is the client able to manage his/her finances?</p> <p>Does the client exhibit hoarding behavior,</p>

Statutory Reference	Essential Defining Elements	Evidence or Supporting documentation	Issues to Consider
Self-neglect (cont)		<p>functioning toilet, fecal or urine smell)</p> <p><u>Screening tools</u></p> <p>Hoarding assessment tool</p> <p>PHQ-9</p> <p>Capacity Screening Checklist</p> <p>Self-Care Scale</p>	<p>including animal hoarding?</p> <p>Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health?</p> <p>What resources were available to the client and how reasonable is it that the client could have accessed them?</p>

If there are conflicting statements between witnesses, the worker is required to document why one statement is more credible than another.